Payment for Optional Pay - Lump Sum
Annual Report

Fiscal Year Reported:	**FY 2016-2017**
Agency Name:	**Delgado Community College**
Contact Name:	**Carla Major**
Contact Email or Phone:	cmajor@dcc.edu

Employee Last Name	**Employee First Name**	**Personnel #**	**State Civil Service Classified Job Title**	**Lump Sum Award Annual Dollars**	**Lump Sum Award Percent**	**Base Pay Annual Amount**	**Type of Award** (Select from Drop-Down Choices)	**Indicate Rational Business Reason for Granting the Adjustment** (What benefit did the State receive for the expenditure of these funds?)
Robin[redacted]	Albert	N/A	Police Officer 3-A	[redacted]	6.8%	[redacted]	Temporary Additional Duties	Supervisory duties performed from 06/01/2016 to 05/31/2017. [redacted]
West[redacted]	Vincent	N/A	Police Officer 3-A	[redacted]	3.9%	[redacted]	Temporary Additional Duties	Supervisory duties performed from 06/01/2016 to 01/04/2017. [redacted]
				[redacted]				